2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P35164

1. Entity Name
SUPREME TRUCK BODIES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2581 E. KERCHER ROAD GOSHEN, IN 46528 US	2581 E. KERCHER ROAD GOSHEN, IN 46528 US

04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-1925462
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, BILLY GENE
3050 DEE ST.
APOPKA, FL 32703

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KROPF, OMER G.
STREET ADDRESS	16500 CR 38
CITY-ST-ZIP	GOSHEN, IN
TITLE	VT
NAME	WILSON, ROBERT W.
STREET ADDRESS	16500 CR 38
CITY-ST-ZIP	GOSHEN, IN
TITLE	SD
NAME	BARRETT, WILLIAM J.
STREET ADDRESS	26 BROADWAY, #815
CITY-ST-ZIP	NEW YORK, NY
TITLE	CD
NAME	GARDNER, HERBERT M.
STREET ADDRESS	26 BROADWAY, #815
CITY-ST-ZIP	NEW YORK, NY
TITLE	V
NAME	DORSEY WILLIAM E.
STREET ADDRESS	16500 CR 38
CITY-ST-ZIP	GOSHEN, IN
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/04-80075-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roberto Wilson 4/21/04 (574)642-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #